DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 09/27/2006

Provider Inspection Summary

For the period 08/01/2003 to 07/31/2006 Residential Care Apartment Complex CERTIFIED STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: THE HOMEPLACE OF STANLEY LLC (0011165)

Address: 225 E FOURTH AVE, STANLEY, WI 54768

License Status: REGULAR

Licensed/Certified/Registered 11/04/2005

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0095887 End Date: 11/04/2005 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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